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CONFIRMATION NO. 8465

<b>SERIAL NUMBER</b> 10/512,015	<b>FILING OR 371(c) DATE</b> 07/28/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> ON/4-32467A
<b>APPLICANTS</b> Roger Aki Fujimoto, Winchester, MA; Laszlo Urban, Cambridge, MA; Isabel Gonzalez, Essex, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/04152 04/22/2003 <i>RP</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0209257.5 04/23/2002 <i>RP</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature <i>[Signature]</i> Initials <i>RP</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 1095				
<b>TITLE</b> Methods and compositions for treatment of cancer pain				
<b>FILING FEE RECEIVED</b> 1380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	